

CLAIMS ONLY							Application Number <div style="font-family: cursive; font-size: 1.2em;">69577608</div>	Filing Date
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep								
Total Depend								
Total Claims								

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* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep			5			
Total Depend			18			
Total Claims			23			